

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

19566

File No. \_\_\_\_\_  
Registered No. **5523**  
St. \_\_\_\_\_ Ward)

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **791**  
Township \_\_\_\_\_ Primary Registration District No. **1008**  
City of **St. Louis** (No. **5620**, **Columbia Ave**)

**2. FULL NAME**

**Elizabeth Beck**  
(a) Residence. No. **5620 Columbia Ave**, **13** Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred **48** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Herman Beck**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct. 8, 1863**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
**67**      **9**      **2**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Housewife**  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) **Germany**  
(STATE OR COUNTRY)

10. NAME OF FATHER **Herman Heising**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Germany**  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Germany**  
(STATE OR COUNTRY)

14. INFORMANT **Herman Beck**  
(Address) **5620 Columbia Ave**

15. FILED **12 1931**  
REGISTRAR **W. C. Barker**

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 10 1931**

17. I HEREBY CERTIFY, That I attended deceased from **April 10**, 19**31**, to **May 10**, 19**31**, that I last saw him alive on **May 10**, 19**31**, and that death occurred, on the date stated above, at **12:30 P.** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Myocarditis, chr.**  
**1st** (duration) **2** yrs. - mos. - ds.  
CONTRIBUTORY (SECONDARY) **Nephritis, chr.**  
(duration) **?** yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? **No.** DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? **No.**

WHAT TEST CONFIRMED DIAGNOSIS **Physical**  
(Signed) **Alfred M. Langerbach** M. D.

**May 11, 1931** (Address) **542 7/2 North West Ave.**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **St. Peter Paul Church** DATE OF BURIAL **5-13 1931**

20. UNDERTAKER **Arzenghaus and Leo S. Knipfinghaus** ADDRESS **4228**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

